



C.L. "BUTCH" OTTER - Governor  
RICHARD M. ARMSTRONG - Director

# IDAHO DEPARTMENT OF HEALTH & WELFARE

DEBBY RANSOM, R.N., R.H.I.T. - Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@dhw.idaho.gov](mailto:fsb@dhw.idaho.gov)

June 29, 2010

Richard Bangert, Administrator  
Intermountain Hospital  
303 North Allumbaugh Street  
Boise, Idaho 83704

RE: Intermountain Hospital, Provider ID# 134002

Dear Mr. Bangert:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at Intermountain Hospital, on June 22, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Richard Bangert, Administrator  
June 29, 2010  
Page 2 of 2

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **July 12, 2010**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If we can be of any help to you, please call our office at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'MPG', followed by a long horizontal flourish.

MARK P. GRIMES  
Health Facility Surveyor  
Facility Fire Safety and Construction Program

MPG/lj

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/25/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>134002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> , <b>02</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/22/2010</b>
NAME OF PROVIDER OR SUPPLIER <b>INTERMOUNTAIN HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>303 NORTH ALLUMBAUGH STREET BOISE, ID 83704</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	<p><b>INITIAL COMMENTS</b></p> <p>The hospital campus consists of an original single story, Type V (111) building, an annex building containing housekeeping, maintenance/dietary/dining/multipurpose gym, an education building, and a physically separated patient wing addition. Other buildings on campus include administration, new start, and a maintenance and supply building. The original hospital structure and annex building were completed in 1980, the patient wing addition was completed in 1981. New start was added in 2009. All patient care and treatment buildings are fully sprinklered, provided with a complete fire alarm system with system smoke detectors located in the patient sleeping rooms and corridors. Emergency power and lighting is provided via a propane/natural gas powered automatic standby generator newly installed in 2007. The facility is currently licensed for 125 hospital beds, census on the day of the survey was 76.</p> <p>The following deficiencies were cited at the above facility during a recertification Life Safety Code survey conducted on June 22, 2010. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy and New Health Care Occupancy (New Start Building), adopted 11 March, 2003. In accordance with CFR 42, 483.70.</p> <p>The facility has opted to utilize the categorical waiver for damper testing and will conform to the 2007 NFPA 90A requirements for six (6) year damper testing per CMS informational letter S&amp;C-10-04-LSC.</p> <p>The Survey was conducted by:</p>	K 000	<p><b>RECEIVED</b></p> <p><b>JUL 12 2010</b></p> <p><b>FACILITY STANDARDS</b></p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Signature]*

**CEO**

**7-12-10**

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/25/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>134002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 , 02</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/22/2010</b>
NAME OF PROVIDER OR SUPPLIER <b>INTERMOUNTAIN HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>303 NORTH ALLUMBAUGH STREET BOISE, ID 83704</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	Continued From page 1	K 000			
K 021	<p>Mark P. Grimes, Supervisor, Facility Fire Safety and Construction Program</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>This Standard is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure that any door with a required fire protection rating, if held open, is arranged to close automatically by the actuation of the fire alarm system. The facility is licensed for 125 beds, the census was 76 on the day of the survey.</p> <p>Findings include:</p>	K 021	<p>K 021</p> <p>The facility now ensures that all doors with a required fire protection rating, if held open, will close automatically by the actuation of the fire alarm system.</p> <p>1. The 20' by 5' steel, fire rated kitchen roll up separation door between the kitchen and dining area is currently operated manually or by a push button. Sentry Security Systems will connect the door to the fire alarm system so that the door will close automatically close upon actuation of the fire alarm system. Work will be completed by August 20, 2010. The fire alarm system is tested and inspected annually by Sentry Security Systems.</p> <p>2. Sentry Security Systems will connect the 4' by 5' roll down door between the dishwasher area and the dining are to the fire alarm system so that the door will close automatically close upon actuation of the fire alarm system. Work will be completed by August 20, 2010. The fire alarm system is tested and inspected annually by Sentry Security Systems.</p> <p>3. The Nursing Supervisor from each shift will observe roll down doors on ICU and ICU West nurses station to ensure it will close in event of a fire. Observation will be noted on checklist. Implementation of checklist began on July 12, 2010.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/25/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>134002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 , 02</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/22/2010</b>
NAME OF PROVIDER OR SUPPLIER <b>INTERMOUNTAIN HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>303 NORTH ALLUMBAUGH STREET BOISE, ID 83704</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 021	<p>Continued From page 2</p> <p>1. During the facility tour on June 22, 2010 between 1:30 p.m. and 2:00 p.m.; observation of the approximately 20' by 5' steel, 90 minute fire rated kitchen roll up separation door between kitchen and dining area was operated either by push button or manually, by a chain drive. Interview with the facility Kitchen Manager, Associate Vice President, and Director of Housekeeping on June 22, 2010, indicated the facility was aware the door did not self close or automatically close upon activation of the fire alarm. This deficient practice was observed by the surveyor, Associate Vice President, and the Director of Housekeeping.</p> <p>2. During the facility tour on June 22, 2010 between 1:30 p.m. and 2:00 p.m., observation of the approximately 4' by 5' roll down door between the dishwasher area and the dining area was not arranged to close automatically by the actuation of the manual fire alarm system. The dishwasher area door had a fusible link with no apparent temperature rating, nor a visible door rating label. Interview with the Kitchen Manager, Associate Vice President and the Director of Housekeeping on June 22, 2010, indicated the facility was aware the roll down door was not integrated with the fire alarm system, and that the door most likely required some maintenance and lubrication. This deficient practice was observed by the surveyor, Associate Vice President, and the Director of Housekeeping.</p> <p>3. During the facility tour on June 22, 2010, between 1:00 p.m. and 1:30 p.m., the rated separation roll down doors between the ICU and ICU west nurses station was blocked by storage of a phone book, and miscellaneous files preventing it from closing in the event of a fire. This deficient practice was observed by the</p>	K 021	<p>4. The roll down doors on ICU and ICU West are in proper working condition. The circuit board that controls the fire curtains was repaired and tested on July 6, 2010. Please see the attached report from Sentry Security Systems.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/25/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>134002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01, 02</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/22/2010</b>
NAME OF PROVIDER OR SUPPLIER <b>INTERMOUNTAIN HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>303 NORTH ALLUMBAUGH STREET BOISE, ID 83704</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 021	Continued From page 3 surveyor, Associate Vice President, and the Director of Housekeeping. The deficient practice was immediately corrected.  4. During a facility test of the fire alarm system between 2:30 p.m. and 3:00 p.m. the rated roll down doors between ICU and ICU west did not close as required upon activation of the alarm system. The rated roll down door between the ICU nurse station suite and the ICU corridor did not close as required upon activation of the fire alarm system. This deficient practice was observed by the surveyor, Associate Vice President, and the Director of Housekeeping.  Actual NFPA 101 standard:  19.2.2.2.6 Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier, or hazardous area enclosure shall be permitted to be held open only by an automatic release device that complies with 7.2.1.8.2. The automatic sprinkler system, if provided, and the fire alarm system, and the systems required by 7.2.1.8.2 shall be arranged to initiate the closing action of all such doors throughout the smoke compartment or throughout the entire facility.	K 021			
K 050	NFPA 101 LIFE SAFETY CODE STANDARD  Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are	K 050			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/25/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>134002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 , 02</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/22/2010</b>
NAME OF PROVIDER OR SUPPLIER <b>INTERMOUNTAIN HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>303 NORTH ALLUMBAUGH STREET BOISE, ID 83704</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 050	<p>Continued From page 4</p> <p>conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This Standard is not met as evidenced by: Based on record review conducted on June 22, 2010, the facility failed to document fire drills were being performed once per shift per quarter. The deficient practice would affect all staff and all residents within the facility. The facility has the capacity for 125 licensed beds with a census of 76 on the day of the survey.</p> <p>Findings include:</p> <p>During record review on June 22, 2010 between 9:45 a.m. and 11:00 a.m., of the last 12 months fire drill records, the facility was unable to provide documentation of conducting a fire drill for first (day) shift during the fourth (4th) quarter of 2009.</p> <p>Actual NFPA standard: NFPA 101 §19.7.1.2 Fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions. When drills are conducted between 9:00 p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms. Exception: Infirm or bedridden patients shall not be required to be moved during drills to safe areas or to the exterior of the building.</p>	K 050	<p>K 050</p> <p>The facility now ensures and documents that fire drills are performed once per shift per quarter.</p> <p>Fire drills are performed at a minimum of once per shift per quarter. Documentation of drills is kept in a binder in Plant Operation Director's office. Documentation will be reviewed at the monthly Risk/Safety Meeting to ensure compliance. Plan was implemented on July 12, 2010.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/25/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>134002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 , 02</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/22/2010</b>
NAME OF PROVIDER OR SUPPLIER <b>INTERMOUNTAIN HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>303 NORTH ALLUMBAUGH STREET BOISE, ID 83704</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 050	Continued From page 5	K 050		
K 130	<p>NFPA 101 MISCELLANEOUS</p> <p>OTHER LSC DEFICIENCY NOT ON 2786</p> <p>This Standard is not met as evidenced by: Based upon observation and interview the facility failed to train personnel in the operation and maintenance of the facility's fire alarm system control panel. This deficient practice could affect all patients, staff and visitors, census on the day of the survey was 76.</p> <p>Findings include:</p> <p>During a test of the fire alarm system to determine automatic door closing and magnetic release operation, facility personnel were unfamiliar with the operation and control of the main fire alarm panel. Maintenance staff #1 stated "he did not know how to work the panel". once activated, the notification devices could not be silenced without a key or code, at either the main panel or the remote annunciator panel. A key was provided by the Director of Housekeeping, which allowed silencing of the alarm. However, the Director of Housekeeping, Maintenance staff #1, Associate Vice President, nor other facility staff knew how to reset and re-arm the fire alarm system. The system was silenced and reset with the assistance of non facility personnel. When questioned, the facility personnel knew there was a code, but did not know what it was, where it was kept, or how to provide that information to responders if the need</p>	K 130	<p>K 130</p> <p>The facility now ensures that personnel are trained in the operation and maintenance of the fire alarm system control panel.</p> <p>Maintenance staff, housekeeping supervisor, nursing supervisors, and senior management have been trained on how to silence &amp; reset the fire alarm system control panel. A signed competency is on file in Human Resources for applicable personnel. Competencies will be reviewed annually. Training was initiated on July 12, 2010 and will be completed by August 20, 2010.</p>	



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/25/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>134002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 , 02</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/22/2010</b>
NAME OF PROVIDER OR SUPPLIER <b>INTERMOUNTAIN HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>303 NORTH ALLUMBAUGH STREET BOISE, ID 83704</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 130	Continued From page 6 arose.  Actual NFPA 101 standard: 19.7.2.3 All health care occupancy personnel shall be instructed in the use of and response to fire alarms. In addition, they shall be instructed in the use of the code phrase to ensure transmission of an alarm under the following conditions: (1) When the individual who discovers a fire must immediately go to the aid of an endangered person (2) During a malfunction of the building fire alarm system Personnel hearing the code announced shall first activate the building fire alarm using the nearest manual fire alarm box and then shall execute immediately their duties as outlined in the fire safety plan.	K 130			
K 027	NFPA 101 LIFE SAFETY CODE STANDARD  Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Swinging doors are arranged so that each door swings in an opposite direction. Doors are self-closing and rabbets, bevels or astragals are required at the meeting edges. Positive latching is not required. 18.3.7.5, 18.3.7.6, 18.3.7.8	K 027	K 027  The facility now ensures that smoke barrier doors are sealed tightly to prevent the passage of smoke between smoke compartments.  An astragal was installed on the New Start smoke barrier doors on June 26, 2010. All smoke barrier doors in the facility are now sealed.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/25/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>134002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 , 02</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/22/2010</b>
NAME OF PROVIDER OR SUPPLIER <b>INTERMOUNTAIN HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>303 NORTH ALLUMBAUGH STREET BOISE, ID 83704</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 027	<p>Continued From page 7</p> <p>This Standard is not met as evidenced by: Based upon observation and interview the facility failed to ensure smoke barrier doors sealed tightly to prevent the passage of smoke between smoke compartments. This deficient practice affected all patients and staff in the New Start Unit on the day of the survey. Census on the date of the survey was 76.</p> <p>Findings include:</p> <p>During the facility tour on June 22, 2010 between 2:30 p.m. and 3:00 p.m. the smoke barrier doors on the New Start unit were observed to have an approximate 1/4 inch gap between the meeting edges of the doors while in a closed position. In new construction (wing opened in 2009) an astragal is required. Interview with the Associate Vice President, and Director of Housekeeping staff during the tour indicated they were unaware of this requirement as it had been approved during the final inspection.</p> <p>Actual NFPA 101, standard: §18.3.7.8 Rabbets, bevels, or astragals shall be required at the meeting edges, and stops shall be required at the head and sides of door frames in smoke barriers. Positive latching hardware shall not be required. Center mullions shall be prohibited.</p>	K 027			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/25/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>134002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 , 02</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/22/2010</b>
NAME OF PROVIDER OR SUPPLIER <b>INTERMOUNTAIN HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>303 NORTH ALLUMBAUGH STREET BOISE, ID 83704</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 027	Continued From page 8	K 027			

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>134002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 , 02</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/22/2010</b>
NAME OF PROVIDER OR SUPPLIER <b>INTERMOUNTAIN HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>303 NORTH ALLUMBAUGH STREET BOISE, ID 83704</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
B 000	<p><b>16.03.14 Initial Comments</b></p> <p>The hospital campus consists of an original single story, Type V (111) building, an annex building containing housekeeping, maintenance/dietary/dining/multipurpose gym, an education building, and a physically separated patient wing addition. Other buildings on campus include administration, new start, and a maintenance and supply building. The original hospital structure and annex building were completed in 1980, the patient wing addition was completed in 1981. New start was added in 2009. All patient care and treatment buildings are fully sprinklered, provided with a complete fire alarm system with system smoke detectors located in the patient sleeping rooms and corridors. Emergency power and lighting is provided via a propane/natural gas powered automatic standby generator newly installed in 2007. The facility is currently licensed for 125 hospital beds, census on the day of the survey was 76.</p> <p>The following deficiencies were cited at the above facility during a recertification Life Safety Code survey conducted on June 22, 2010. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy and New Health Care Occupancy (New Start Building), adopted 11 March, 2003. In accordance with CFR 42, 483.70. and IDAPA 16.03.14 Rules and Minimum Standards for Hospitals in Idaho</p> <p>The facility has opted to utilize the categorical waiver for damper testing and will conform to the 2007 NFPA 90A requirements for six (6) year damper testing per CMS informational letter S&amp;C-10-04-LSC.</p> <p>The Survey was conducted by:</p>	B 000	<p>Please refer to Form CMS-2567 for plan of correction.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>134002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01, 02</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/22/2010</b>
NAME OF PROVIDER OR SUPPLIER <b>INTERMOUNTAIN HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>303 NORTH ALLUMBAUGH STREET BOISE, ID 83704</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
B 000	Continued From Page 1	B 000			
	Mark P. Grimes, Supervisor, Facility Fire Safety and Construction Program				
BB161	16.03.14.510 Fire and Life Safety Standards  Buildings on the premises used as a hospital shall meet all the requirements of local, state, and national codes concerning fire and life safety that are applicable to hospitals. General Requirements. General requirements for the fire and life safety standards for a hospital are that: The hospital shall be structurally sound and shall be maintained and equipped to assure the safety of patients, employees, and the public. On the premises of all hospitals where natural or man-made hazards are present, suitable fences, guards, and railings shall be provided to protect patients, employees, and the public. This Rule is not met as evidenced by: Refer to the following deficiencies cited on federal form 2567:  K021 Separation Doors Self Close K050 Fire Drills K130 Staff Training for Emergencies  New Start K027 Smoke Barrier Doors	BB161	Please refer to Form CMS-2567 for plan of correction.		